



ANNUAL REPORT LIMITED PURPOSE LANDFILL

FACILITY NAME:	CALENDAR YEAR OF REPORT:	PERMIT NUMBER:	FACILITY ID:
FACILITY LOCATION (STREET ADDRESS:	COUNTY:		
FACILITY CONTACT (name):	FACILITY PHONE:		
FACILITY CONTACT MAILING ADDRESS (if different):	FACILITY CONTACT PHONE (if different):	FACILITY CONTACT EMAIL:	

Did you operate in _____?

- ☐ Yes **If yes**, proceed to next section and complete the form.
- ☐ No **If no**, answer the following questions, sign and date the last page, and submit. This completes your reporting obligations.

When did you stop operations? _____

Do you plan to restart? ☐ No ☐ Yes When? _____

AMOUNTS AND TYPES OF WASTE DISPOSED PER YEAR

Please specify compaction rates:

PLEASE CHECK IF DISPOSED	AMOUNT DISPOSED Please check: <input type="checkbox"/> Cubic Yards or <input type="checkbox"/> Tons
<input type="checkbox"/> Construction/Demolition Waste	
<input type="checkbox"/> Landclearing Debris	
<input type="checkbox"/> Industrial Waste	
<input type="checkbox"/> Inert Waste	
<input type="checkbox"/> Wood Waste	
<input type="checkbox"/> Ash (other than special incinerator ash)	
<input type="checkbox"/> Dredged Materials	
<input type="checkbox"/> Sewage Sludge	
<input type="checkbox"/> Asbestos	
<input type="checkbox"/> Petroleum Contaminated Soils	
<input type="checkbox"/> Other Contaminated Soils	
<input type="checkbox"/> Tires (disposed)	
<input type="checkbox"/> Medical Waste	
<input type="checkbox"/> Yard Waste (disposed)	
<input type="checkbox"/> Food Waste (disposed)	
<input type="checkbox"/> Other (specify):	
<input type="checkbox"/> Other (specify):	
Total	

DID YOU RECEIVE MATERIALS FOR RECYCLING ? <input type="checkbox"/> Yes (Please specify on pages 3-4.) <input type="checkbox"/> No			
ADDITIONAL INFORMATION REQUIRED (please check if attached): <input type="checkbox"/> Attach results of ground water monitoring in accordance with WAC 173-350-500 <input type="checkbox"/> Attach applicable financial assurance review and audit findings in accordance with WAC 173-350-600			
Are you open to the public? <input type="checkbox"/> Yes <input type="checkbox"/> No		Tip fees (Attach schedule if available):	
Remaining permitted capacity: _____ <input type="checkbox"/> tons or <input type="checkbox"/> cubic yards Based on your permit and current rate of waste disposal, years of remaining life for facility: _____ Estimated Date of Closure: _____ Are you planning an expansion this year? <input type="checkbox"/> Yes <input type="checkbox"/> No			
During the reporting year, were there any changes in your management practices that would impact your operations? <input type="checkbox"/> No <input type="checkbox"/> Yes (specify) _____ Are there any new solid waste activities planned at your site for this calendar year? <input type="checkbox"/> No <input type="checkbox"/> Yes (specify) _____ _____ Planned start date: _____			
DID YOU RECEIVE WASTE FROM:	WHERE FROM	TYPE OF WASTE	ESTIMATE AMOUNT <input type="checkbox"/> Tons or <input type="checkbox"/> Cubic Yards
Out of County? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Out of State? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Out of Country? <input type="checkbox"/> Yes <input type="checkbox"/> No			

NOTE: Please ONLY fill in this chart if you collected materials for RECYCLING or COMPOSTING

AMOUNTS AND TYPES OF MATERIALS COLLECTED FOR RECYCLING OR COMPOSTING

PLEASE CHECK IF RECEIVED FOR <u>RECYCLING or COMPOSTING</u>	COMMERCIAL Please check: <input type="checkbox"/> Cubic Yards/Year or <input type="checkbox"/> Scaled Tons/Year	RESIDENTIAL Please check: <input type="checkbox"/> Cubic Yards/Year or <input type="checkbox"/> Scaled Tons/Year	TOTAL AMOUNT RECEIVED Please check: <input type="checkbox"/> Cubic Yards/Year or <input type="checkbox"/> Scaled Tons/Year
<input type="checkbox"/> Newspaper			
<input type="checkbox"/> Corrugated Paper			
<input type="checkbox"/> Mixed Waste Paper			
<input type="checkbox"/> Container Glass			
<input type="checkbox"/> PET Plastics			
<input type="checkbox"/> HDPE Plastics			
<input type="checkbox"/> LDPE Plastics			
<input type="checkbox"/> Other Recyclable Plastics			
<input type="checkbox"/> Aluminum Cans			
<input type="checkbox"/> Tin Cans			
<input type="checkbox"/> Ferrous Metals (Iron, steel)			
<input type="checkbox"/> Nonferrous Metals (excluding aluminum cans)			
<input type="checkbox"/> Appliances (white goods)			
<input type="checkbox"/> Electronics (computers, CPUs, hard drives)			
<input type="checkbox"/> Electronics (monitors, TVs)			
<input type="checkbox"/> Tires (collected)			
<input type="checkbox"/> Asphalt			
<input type="checkbox"/> Concrete			
<input type="checkbox"/> Construction/Demolition			
<input type="checkbox"/> Wood Waste			
<input type="checkbox"/> Landclearing Debris			
<input type="checkbox"/> Yard Debris			
<input type="checkbox"/> Food/Food Scraps			
<input type="checkbox"/> Textiles (rags, clothing)			
<input type="checkbox"/> Co-Mingled Recyclables (specify):			
<input type="checkbox"/> Other (specify):			
<input type="checkbox"/> Other (specify):			
Total Collected for Recycling			

NOTE: Please ONLY fill in this chart if you collected materials for RECYCLING or COMPOSTING

DESTINATION AND FINAL USE OF OUTGOING MATERIALS COLLECTED FOR RECYCLING or COMPOSTING

MATERIAL	OUTGOING AMOUNT <small>Please specify tons or cubic yards.</small>	DESTINATION FACILITY <small>Please specify name, city, state.</small>	FINAL USE <small>Please specify: disposed, recycled, reused, composted, treated, burned for energy, stockpiled, etc.</small>
PREPARED BY:		DATE:	PHONE:
EMAIL:			

If you need this publication in another format, please call the Waste 2 Resources Program at 360-407-6900. Persons with hearing loss can call 711 for Washington Relay Service. Persons with a speech disability can call 877-833-6341.